

## Does chiropractic care treat pain?

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No and Yes. Chiropractic care has never professed to be an analgesic, *per se*, and pharmacy/medicine pretty much focuses on, and often excels at it. The way pharmaceutical agents block various chemical pathways of pain perception and eliminate, for a time, the actual building blocks of nociceptive (pain) generation is *not* the mechanism of chiropractic care addressing pain.

Importantly, however, a pain altering sequence of events does follow the chiropractic adjustment, which I will explain as a functional restoration mechanism.

### *What effects does chiropractic adjustment have on pain?*

The identification of a spinal joint dysfunction (vertebral subluxation) is the chiropractor's primary goal, as is attempting to find the cause and its prevention. The subluxation will be creating aberrant neurological input in the form of either mechanoreceptor inhibition and nociceptor (pain) fibre firing. This inputs, by various pathways, into the cerebellum and the thalamus for processing to the cerebral cortex. Thus if this input is aberrant, then the output from the brain is also aberrant. In short, garbage in = garbage out; if pain and altered receptor firing is coming in, then the output to the body systems will cause their ill health.

For example, upper cervical joint misalignment (after a blow to the head, a difficult birth, etc.) can cause altered mechanoreceptor and proprioceptive firing to the thalamo-cortical (brain) pathways. This in turn affects cortico-spinal tract (body) output to the postural muscles, perpetuating spasm, structural imbalance, *and hence: pain*. This is known to have similar effects to organ systems other than muscles. For instance, the cerebral cortex also links to the hypothalamus, an anatomic regulatory agent of the autonomic nervous system. If neurological output is affected at this level, then spinal subluxation and misalignments can cause changes in blood flow, immune function, or even cellular function. One ultimate side effect of this is also...pain.

### *So what's so special about this spinal mechanoreceptor input?*

Quite simply, *it's constant*. Consider: The human sensory systems consist of constant and non-constant input into the brain. For example, light entering the retina activates brain activity – when it is shining. At other times, no input occurs. Similarly, when there is no sound, no brain input occurs. No smell molecules, no olfactory reaction.

But alas, this is not the case for joint, ligament and muscle mechanoreceptors – they are constantly assessing movement and life-long gravitational input. Therefore, if you affect these receptors, say with a spinal misalignment, you alter brain input forever...until corrected. (Why do you think astronauts get so sick in a weightless environment?) So, when non-constant, albeit supremely helpful, input such as massage, exercise, and you name it, ceases, the pain may return if there is spinal subluxation. To date, *No other profession corrects spinal subluxation with an adjustment to the vertebrae.*

### ***So chiropractic does have a pain role of sorts?***

Chiropractic adjustment, in realigning the vertebra, in correcting altered motion, actually changes the aberrant constant neurological input (nociception, alteration of mechanoreceptors) causing pain and poor body function.

So, whilst pharmaceutical agents are useful in treating the debilitation of acute and some chronic pain, chiropractic care takes a more functionally restorative approach which corrects the cause of aberrant neurological input into the brain. This in turn amends the required constant normative input into body systems that feeds back from complex loops within the brain's neuro-spinal system, and control and co-ordinate all body functions. This has the effect, from a chiropractic perspective, not so much of *treating* pain, but unleashing the innate healing ability that is inherent in all biological systems.

Clearly there is a role for both approaches, accordingly using non-drug means first, in the interests of safety.

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